



Federal Update for Feb. 20 – March 4, 2016



DoD/VA Complex Care Effort **Interagency Coordination System**

The Departments of Defense (DoD) and Veterans Affairs (VA) on 24 FEB announced its ongoing effort to ease the transition for service members who require complex care management as they transition from the DoD system of health care to VA or within each system. The effort is designed to ease the burden for service members and Veterans, who have suffered illnesses or injuries so severe as to require the expertise provided by multiple care specialties throughout both Departments. “More than a decade of combat has placed enormous demands on a generation of service members and Veterans – particularly those who have suffered wounds, injuries, or illnesses which require a complex plan of care,” said Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs, and Co-chair of the DoD-VA Interagency Care Coordination Committee (IC3). “These individuals require the complex coordination of medical and rehabilitative care, benefits, and other services to successfully transition from active duty to Veteran status, and to optimally recover from their illnesses or injuries.”

“Our collaborative efforts with DOD have improved and enhanced the process of caring for our military members with serious illness, injuries or disabilities, as they recover and return to their communities. Great attention has been made to developing a system which focuses on continuity of care, holistic support services and a ‘warm handoff’ for Service members and Veterans as they move from and between military, VA and community health care systems. Our care coordinators now have at their fingertips tools and processes that improve and simplify the lines of communication for our wounded, ill, and injured Service members and Veterans who require complex care coordination, their families, and those who provide their care in both Departments,” said Dr. Linda Spoonster Schwartz, Assistant Secretary for Policy and Planning for the Department of Veterans Affairs, and Co-chair of the DoD-VA Interagency Care Coordination Committee (IC3). “This process will enhance and improve the quality of care and services for these Veterans and their families now and in the future.”

The hallmark of the effort is the implementation of the role of Lead Coordinator. The Lead Coordinator will be a designated member of a service member’s care management team who will serve as the primary coordinator for that individual. The Lead Coordinator will offer personal guidance and assist the service member and their families in understanding the benefits and services to which they are entitled. Service members, Veterans, and their families, working with their Lead Coordinator, will have someone to whom they can turn when they have a question or issue as they actively participate in their care. The first phase of Lead Coordinator Training was completed in November. It is expected that a total of 1,500 DoD staff and 1,200 VA staff will serve as Lead Coordinators.

This effort comes as a result of the work of the DoD-VA IC3, established in 2012 to implement a joint, standard model of collaboration for the most complex cases of care that will require a warm handoff from the DoD to the VA system of care, as well as within the Departments, and is based on many of the best practices of collaboration that have been created over the last decade. This effort was enacted as policy by both departments in 2015, aligning more than 250 sub-policies to one, overarching policy that will govern the coordination of complex care cases that transition between the two departments. Coordination efforts are synchronized through the IC3 Community of Practice (CoP), a group representing more than 50 DoD and VA programs that provide specialty care, including rehabilitation services for the visually impaired and polytrauma centers. It will be the job of the Lead Coordinator to guide service members through the system, ensuring that they receive the care, benefits, and services they both require and to which they are entitled. [Source: DoD News, Defense Media Activity | February 25, 2016 ++]

Gulf War 25th Anniversary

Vets Fume as US Fails To Mark It

On 27 FEB, Scott Stump, president and founder of the National Desert Storm War Memorial Association, could not commemorate the 25th anniversary of the Persian Gulf War in Washington. There was, after all, no official Defense Department event scheduled to mark the conflict's Feb. 28, 1991, cease-fire. Instead, Stump, a former Marine who deployed to Saudi Arabia on Dec. 31, 1990, attended a formal event and lunch at the Canadian War Museum in Ottawa, at the request of Gen. Jonathan Vance, defense chief of the Canadian Armed Forces. That's right. Canada. "When we got the invitation to Canada's official, government-sanctioned 25th anniversary event, the thing hit us with a ton of bricks," said Stump, 49, who lives in North Carolina. "You have a country that had 4,000 troops on the ground inviting an American like me to attend their commemoration, yet our country - which deployed over 600,000 troops - is not doing anything."

Lt. Col. Thomas Crosson, a Defense Department spokesman, confirmed that the Pentagon did not plan any 25th anniversary events to recognize the Persian Gulf War. "We certainly have not forgotten the efforts and sacrifices of those who served during the Gulf War," he said in a statement. He added that Stump's association - which gained preliminary approval to build a memorial near the Mall and boasts former president George H.W. Bush as its honorary board chairman - is the only group that has expressed grievances about the lack of any 25th anniversary events. The Persian Gulf War, a U.S.-led effort to oust Saddam Hussein's Iraqi forces from Kuwait, was a short war by modern standards. Combat lasted about a month-and-a-half, claiming close to 300 U.S. casualties. But the lack of any Pentagon-sponsored 25th anniversary event reinforces Stump's concern that Desert Storm veterans rarely merit the tributes heaped on other war veterans.

"Five years ago, I started this organization when I realized my kids didn't know what Desert Storm was and people lumped it together with Operation Iraqi Freedom, relegating it to a footnote in history," Stump said. "But if you have a war, shouldn't it be completed as quickly as possible? I've had some people from other countries ask me, 'What's the matter with your country that they don't want to talk about America's victory?' "Although the Pentagon hasn't planned anything, some veterans organizations have scheduled their own commemorations.

- On Saturday, the VII Corps Desert Storm Veterans Association was slated to conduct a wreath-laying ceremony at the Tomb of the Unknown Soldier and hold a dinner at the Crystal Gateway Marriott in Arlington with guest speaker retired Gen. Martin Dempsey.
- The U.S. Central Command in Florida, said spokesman Army Capt. Michael Meyer, was planning to send a color guard to an event Saturday at a veterans park in Tampa, featuring Brenda Schwarzkopf, widow of Gen. Norman Schwarzkopf Jr., commander of coalition forces during Operation Desert Shield and Operation Desert Storm.

Stump says the Defense Department should have planned one major commemoration that would have been open to all veterans, no matter to which service or unit they belonged. Two months ago, the memorial association began asking the Defense Department if it had any plans to commemorate the anniversary. The Pentagon wrote back saying nothing was in the works and suggested that individual military services might hold their own ceremonies, according to emails provided by the memorial association. But after Stump got invited to Saturday's event hosted by the Canadian Armed Forces, and a Newseum reception 25 FEB hosted by the ambassador of Kuwait, his organization pressed the Pentagon one more time. Fred Wellman, a board member of the memorial association, sent an email to the Pentagon on 19 FEB flabbergasted.

"Up until recently I dismissed the constant complaining by Gulf War veterans that they have been forgotten by the military but frankly at this point it's hard to dismiss their complaints," wrote Wellman, a veteran of the Persian Gulf War and Operation Iraqi Freedom. "We are ignoring one of the greatest military victories in world history that was led by the U.S. because its 'just another anniversary'? Nothing at Arlington? Nothing at the Pentagon? This can't seriously be the plan still is it?" A Pentagon official wrote him, saying he had shared Wellman's concerns with higher-ranking brass, and sent Wellman links to stories about the 25th anniversary on the websites of the Air Force, National Guard, and Stars and Stripes. Stump said he was delighted to attend Canada's event on Saturday. And Canada was more than happy to honor the Persian Gulf War's 25th anniversary. In fact, Saturday's event at the Canadian War Museum wasn't the only commemoration organized by the Canadian Armed Forces, said spokeswoman Maj. Indira Thackorie. It was one of seven. [Source: The Washington Post | Ian Shapira | February 27, 2016 ++]

PTSD Pay Grade Impact

Rand Corp. Treatment Study Findings

A recent study by RAND Corp. found that the military's treatment of post-traumatic stress disorder and depression was impacted by an individual's pay grade, with higher ranking personnel receiving greater access to medication and treatment than those at the lowest ranks. The 18 FEB report, "Quality of Care for PTSD and Depression in the Military Health System," looked into whether there are disparities in care based on branch, region, and personal characteristics of service members, such as gender, age, race, deployment history, and pay grade. "One of the things we looked at, in addition to describing the kinds of care that they received and assessing whether they received appropriate care or recommended care, we looked for variations in care," explained Kimberly Hepner, a senior behavioral scientist with RAND, and the lead author of the study, in an interview with Task & Purpose.

The RAND report, commissioned by the Department of Defense, is in the first phase of a multiphase effort to analyze the Military Health System's performance, explained Kevin Dwyer, a spokesman for the Defense Health Administration, in an email to Task & Purpose. "This is a first step," Dwyer wrote. "The Department will use this information to shape its future direction, and looks forward to implementing additional improvements in the coming year."

The 18-month study, which began in January 2012 and ended in June 2013, drew from nearly 40,000 service members who were diagnosed with post-traumatic stress disorder, or depression, or both, and research into the results is still ongoing. "We did find that enlisted service members received less consistent care in some cases, particularly, on care for depression," explained Hepner. "We saw that enlisted service members were less likely to receive an adequate duration of medication treatment. One of the aspects of care that we looked at, was if they start medication treatment for their depression, did they receive medication for a long enough period of time to help to ensure that it would be effective."

For service members with depression, the report notes that the percentage of personnel with up to 12 weeks of filled antidepressant prescriptions increased significantly as the pay grade increased. "We did see that enlisted service members were less likely to receive that adequate measure of treatment," added Hepner. "We also found that they are less likely to get adequate initial treatment following a diagnosis." Hepner defined adequate treatment in this case as being either psychotherapy or medication treatment. Based on an analysis by RAND, a patient should have either four psychotherapy visits or two medication prescriptions in the first eight weeks from diagnosis, she said.

Among service members with post-traumatic stress disorder, officers had significantly higher rates of filled prescriptions for antidepressants than those in the lowest pay grade, though that was the only major difference in care, compared to depression. In a span of two months following a new prescription, the percentage of filled antidepressant prescriptions was significantly lower among service members in the lowest pay grade category compared to junior officers. For junior officers, 82.4% had their prescriptions filled in that 60-day window, compared to 65.9% of junior enlisted personnel. In the case of service members with post-traumatic stress disorder, Hepner explained that the difference in care between officers and enlisted was less severe, which might indicate that this is not a systemic issue. "We only saw these differences in some aspects of care," Hepner stressed. "We didn't see these differences in terms of enlisted service members getting less consistent care across all areas that we looked at."

Knowing that there are specific instances where there is a disparity in care between officers and enlisted — namely adequate medication and initial treatment for post-traumatic stress disorder and depression — could help healthcare providers to zero in on the problem. "We do want to understand what are the different barriers that are getting in the way", Hepner said. "There can be many, whether it's staffing, whether it's job demands, appointment times, stigma. All of these can play a role, and so we're very interested in understanding what might be the most important factors in understanding some of these patterns that we're seeing." The study did find that the Military Health System performed well when it came to following up with all service members after they'd been hospitalized for psychological health reasons. After psychiatric hospitalization, patients are considered to be in a critical state and at a higher risk of suicide, which means out-patient follow-ups are critical. "These are areas where the Military Health System really outperforms other systems," said Hepner. "This was a real bright spot in terms of the Military Health

System, and what we don't see here is that sort of variability in terms of pay grade." [Source: Task & Purpose | James Clark | February 24, 2016 ++]

VA Health Care Access Update 29

Unreleased IG Wait Time Reports

After the Veterans Affairs wait-time scandal erupted nearly two years ago, the department's chief watchdog investigated 73 VA facilities across the country and found scheduling problems in 51 cases. But that watchdog — the VA's inspector general — still has not released reports with the findings of those investigations to Congress or the public. As a result, it's impossible to tell which medical centers had problems, how serious those problems were, or whether they led to the deaths of any veterans. The inspector general has said only that they range from simple rule violations to deliberate fraud. After repeated inquiries and a Freedom of Information Act request from USA TODAY, the inspector general's office said it will release the reports "shortly."

Catherine Gromek, a spokeswoman for the office, did not say why the investigative reports were shared only with the VA but suggested the inspector general did not want to disrupt potential disciplinary actions by the VA. But that doesn't explain dozens of cases in which the VA says no discipline was imposed. Acting Inspector General Linda Halliday pledged greater transparency after former interim Inspector General Richard Griffin stepped down in July amid criticism of secrecy. USA TODAY had found the office had withheld from the public the results of 140 health-care investigations, including cases in which veterans were harmed or died. In one case, the inspector general failed to release a report about potentially dangerous prescriptions being doled out at a VA hospital in Wisconsin in 2014. VA officials didn't fix the problem, and five months after the report was completed, veteran Marine Jason Simcakoski, 35, died from a fatal mixture of drugs prescribed at the hospital. The VA didn't correct the prescribing practices until his death became public last year. "The only way that the VA will do anything is if there's media attention and public pressure," his widow, Heather Fluty Simcakoski, said last week. She said she's "appalled" the wait-time reports still haven't been released.

In December, President Obama signed legislation requiring the VA inspector general to release investigative reports within three days of completion. But it's been months — in some cases possibly more than a year — since the VA wait-time reports were completed. Gromek, the inspector general's spokeswoman, refused to say when the reports were finished. According to congressional testimony, all were completed before 9 DEC 2015. Gromek said the new law applies only to "issued" reports that include recommendations based on the findings. "The reports of (wait-time) investigation are not issued and do not make a recommendation or suggest a corrective action," she said. "We transfer our findings to VA's Office of Accountability and Review (OAR) for any administrative action they deem appropriate."

She said Halliday has always intended to release the reports, and her office is now scrubbing personal information from them. "This is an extensive, meticulous, and time-consuming process," she said. "Once we are satisfied that we have met these obligations, we will finalize and issue the work product and release it publicly." Sen. Tammy Baldwin, (D-WI), who co-authored the legislation requiring release within three days, said that's "unacceptable." "There is a bipartisan commitment in Congress to fix problems at the VA, but we need better transparency from the Office of Inspector General," she said. Rep. Jeff Miller (R-FL), chairman of the House Veterans' Affairs Committee, said that when the inspector general's office completes a report, it should be released to the public without delay. "VA's challenges will only fester if they are kept shrouded in secrecy," he said.

Federal law requires the inspector general's office to independently investigate fraud, waste and mismanagement within the VA and to keep Congress — and therefore the public — "fully and currently informed" about its findings. VA officials asked the inspector general in June 2014 to investigate 111 medical facilities where an audit — conducted after the wait-time scandal at the Phoenix VA — found potential scheduling manipulation. Those facilities, located in 37 states and Puerto Rico, range from small outpatient clinics to large hospitals. In August 2014, the inspector general released a report on the Phoenix facility, where at least 40 veterans died awaiting care. That report noted instances of wait-time manipulation the inspector general was finding elsewhere, including cases of VA staffers keeping paper wait lists or inputting the next available appointment dates as "desired" dates so the system would show no wait time. [Source: USA TODAY | Donovan Slack | February 24, 2016 ++]

VA Centers of Excellence

Proposal Would Reduce Vet Options

Unquestionably, the system for providing healthcare to more than 6 million of America's 22 million veterans needs to be reformed and strengthened. But some ideas being put forth will be bad for veterans, including one plan that sounds benign at face value but, upon closer inspection, is revealed to create fewer options for veterans who most need the VA healthcare system. This proposal would shrink VA healthcare down into a small number of "Centers of Excellence" and move the bulk of veterans' care into the private sector.

VA already operates a number of "Centers of Excellence" focused on post-traumatic stress disorder, suicide prevention, prosthetics, Parkinson's disease, epilepsy, geriatrics and vision loss, to name a few. Each of these "Centers of Excellence" is fully integrated with a VA medical center to ensure that veterans have access to a full continuum of physical and mental health care services. However, some politicians and pundits have proposed downsizing VA from a comprehensive healthcare system to only a smaller number of "Centers of Excellence" that focus only on specific war wounds or service-connected injuries and illnesses like PTSD, traumatic brain injury, spinal cord injuries, and amputations. For all other care, veterans would be forced to turn to the private sector.

There are two major problems with this idea: one, it would actually result in less access to healthcare for veterans who choose and rely on VA and two, it would diminish overall quality by making it much harder to coordinate care for severely injured or ill veterans. Under this proposal, VA's integrated healthcare system of 150-plus medical centers and 1000-plus outpatient clinics would shrink, forcing veterans into the private sector for all their primary care. With fewer VA "Centers of Excellence" located farther apart, primarily in heavily populated urban areas, hundreds of thousands of veterans with disabling injuries who rely on the VA for their care would likely have to travel farther and wait longer for care.

Fracturing veterans care between "Centers of Excellence" for specialized care and a separate private sector health system for all other care reflects the very opposite of best practices in healthcare delivery, which calls for a single, responsible point of coordination of care to ensure proper treatment and controlled costs. VA's Patient-Centered Medical Home Model, for example, which the Agency for Healthcare Research and Quality lauds as "transforming how primary care is organized and delivered," holds one entity accountable for meeting, or at least, coordinating, the "large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care." Should this "Centers of Excellence only" proposal come to pass, no single provider, clinic, or hospital would be accountable for coordinating a veteran's medical care. Instead, different medical professionals would be accountable for discrete aspects of care, resulting in less care coordination, putting veterans at risk of negative health outcomes.

Yes, we need to improve veterans' access to healthcare. But let's not lose sight of the fact that, according to an independent assessment recently mandated by Congress, quality at VA remains high, performing the same or significantly better than non-VA health care on 12 of 14 measures. The answer is not to downsize the VA, which would be the real result of relying only on "Centers of Excellence." The better answer is to increase access by integrating private community care into the VA system to create veterans health care networks, creating a nationwide system of urgent care for veterans and expanding telemedicine or web-based health services. "Centers of Excellence" – an idea that sounds excellent until you look at what it really means for veterans' healthcare. That's why DAV, representing nearly 1.3 million veterans of all generations, is setting the record straight. [Source: The Hill | DAV ExDir Garry J. Augustine | February 26, 2016 ++]

VA Accountability Update

Demoted VARO Directors Reinstated

A pair of senior Veterans Affairs executives at the center of a months-long scandal over the department's internal promotion system and relocation expenses will keep their regional director jobs, after two failed attempts from VA officials to reassign them elsewhere. Diana Rubens, Philadelphia Regional Office director, and Kimberly Graves, director of the St. Paul, Minn., regional office, have been under harsh criticism since an inspector general report last fall accused them of pocketing more than \$400,000 in moving costs for questionable job moves. Lawmakers have repeatedly accused the pair

of gaming the promotion system for personal gain, at the expense of veterans care. But VA leaders have criticized the two only for “judgement errors” in how they handled the job moves, and supported both as reliable and responsible executives.

Still, in December and January, officials moves to discipline and reassign the women to other positions across the country. The Merit Systems Protection Board rejected that attempt, and on 22 FEB VA Deputy Secretary in a statement said the pair would be allowed to continue their careers in Minnesota and Pennsylvania. “Allegations of unethical behavior in the Inspector General report were not supported by any of the evidence I reviewed,” Gibson said. “These errors in judgment took place before (the two) assumed their director positions, and the disciplinary actions do not diminish the confidence VA leadership has in (their) abilities ... to manage their offices, lead their employees, and provide benefits to veterans. “The employees of those offices deserve high performing directors supporting their efforts. I have confidence that the employees of the Philadelphia and St. Paul Regional Offices ... will continue their efforts to ensure all veterans timely receive the benefits they have earned and deserved.”

Gibson said he did take disciplinary actions against the two executives, but did not immediately elaborate on what that entails. VA officials promised to brief media on the ongoing issues on Monday afternoon. The lack of a harsher move is likely to inflame tempers on Capitol Hill, where lawmakers have repeatedly accused VA leaders of not doing enough to hold department officials accountable for mistakes, missteps and malfeasance. [Source: Military Times | Leo Shane | February 22, 2016 ++]

VA Accountability Update

American Legion Leadership’s Opinion

Hundreds of members of The American Legion gathered before a joint hearing of the House and Senate Veterans Affairs committees on 23 FEB to hear their leaders slam the Veterans Affairs Department for failing to hold VA employees accountable for conduct they say should have had them fired. “VA has described accountability as a top priority in the aftermath of scandals blamed for costing some veterans their lives, the payout of questionable performance bonuses, and ill-fated efforts to discipline executives who were found to have abused their positions,” Legion Commander Dale Barnett said. But that’s not what veterans have seen, he added, **most recently when the VA's move to discipline senior executives was overturned on appeal and the employees sent back to work, their previous jobs and salaries restored. “Veterans do not see this as accountability,”** Barnett told the lawmakers.

Sen. Johnny Isakson, a Republican from Georgia and chairman of the Senate Veterans Affairs Committee, told the Legionnaires that legislation was coming that will strengthen the department's leadership's hand when it comes to disciplining employees. “I have committed myself to see to it that before this term is over this year, hopefully by the 31st of March, we'd begin the process of passing comprehensive omnibus bill that incorporates the bills we all know need to become law,” Isakson said. The Legion earlier on Wednesday announced it had awarded Isakson its National Commander's Distinguished Public Service Award, which is given annually to an elected official who has established an outstanding record in support of those principles advanced by The American Legion.

At the hearing, Isakson said the coming legislation will include a number of proposals by VA Secretary Bob McDonald, including one that would convert Senior Executive Service-level employees, including administrators and directors who manage the agency's medical centers, to Title 38 employees, including professional medical staff such as doctors and nurses. Title 38 employees do not have the same Civil Service appeals process as SES employees. The latter may appeal disciplinary actions to the Merit System Protection Board, which is where the actions against several recent workers were overturned. The final arbiter in a disciplinary appeal involving Title38 workers would be the VA secretary or his designee. Isakson said comprehensive legislation will also include language to protect whistleblowers from retaliation, which has been a frequent complaint against the VA. Isakson said “99.9 percent of the employees in the VA do a great job. They are brought down and torn down from incidents like what happened in Pennsylvania, when people who are disciplined can lose their jobs, have those jobs restored for no apparent reason.”

The Legion also said the VA must do a better job of bringing down its backlog of appealed claims. Since the department made first-time claims a priority in 2010 and diverted more money and manpower to processing the

paperwork, the appeals backlog has mushroomed to more than 400,000. But beyond the simple growth in new appeals is another problem, according to the VA -- the law that allows veterans to continue an appeal year after year. In one often-mentioned case, a veteran has been appealing his VA-rejected claim for 25 years. Rep. Corinne Brown [D-FL], ranking member of the House Veterans Affairs Committee, asked the Legion panel what they recommend. "Tell me, 'What do we do when the appeals process [goes on]?'"" she said. "At some point 'No' might be the answer -- not for my constituents, 'No' is never the answer! But for someone else, 'No' might be the answer," she said to laughter.

Louis Celli, veterans affairs and rehabilitation division director for the Legion, said it comes down to making a system that veterans believe in. "We have to instill faith in the system," he said. "Our veterans do not have enough faith in the Department of Veterans Affairs adjudication system to know their claim was processed accurately the first time. "If we could get that adjudication system improved and processed the first time we wouldn't have the 440,000 appeals that we're dealing with today," he added. The joint hearing was the first of several that the lawmakers will be holding with veterans' organizations.

- On March 2 the panels will hear from the Veterans of Foreign Wars and
- On March 3 from Paralyzed Veterans of America, Vietnam Veterans of America, Blinded Veterans of America, the Military Order of the Purple Heart, National Guard Association of the United States, AMVETS, Wounded Warrior Project and Gold Star Wives.
- On March 16 the lawmakers are scheduled to hear from the Fleet Reserve Association, The Retired Enlisted Association, the National Association of Directors of Veterans Affairs, the Military Officers Association of America, Air Force Sergeants Association, the American Ex-Prisoners of War organization, the Non-Commissioned Officers Association, Jewish War Veterans, and the Iraq and Afghanistan Veterans of America. [Source: Military.com | Bryant Jordan | February 24, 2016 ++]

VA Accountability Update

Obama's Carrot-And-Stick Approach

The Obama administration has proposed a carrot-and-stick approach to revamping the senior executive cadre at the Department of Veterans Affairs, holding out the prospect of higher salaries while proposing further limits on executives' rights to appeal disciplinary actions. A proposal sent to Capitol Hill seeks to put into law an idea the department raised recently to shift its senior executives into a separate set of policies covering VA medical personnel, called Title 38. Those policies allow for appeals of discipline only through internal channels and not to an outside body such as the Merit Systems Protection Board.

"This lack of deference to the Secretary's exercise of a clear statutory prerogative has frustrated the Secretary's efforts to remove malfeasant or neglectful executives from VA's senior leadership corps," the proposal states. However, it says that broader reforms are needed for the department to compete for top talent it needs, particularly in the health-care field. A 2013 industry survey showed that chief executives of a single facility within an overall health-care system received an average salary of \$393,100, compared with the top SES pay rate that year of \$181,500, it says. Nearly 30 percent of its Senior Executive Service positions are currently vacant and the VA is having trouble filling them, it says -- and in addition, 70 percent of current executives are eligible to retire or will be this year. "The VA Secretary needs greater flexibility than current authorities afford him in terms of recruiting, compensating, appraising and -- where necessary -- disciplining career leaders to ensure that VA can operate as a values-based high performance organization rather than a compliance-focused underperforming bureaucracy," it says.

Under the proposal, rather than the current single pay range used for all SES members, the executive cadre at the VA would be split into four levels, with salaries at the top reaching \$235,000. It projects that about two-thirds of the roughly 350 positions would stay within current limits in which the top salary is now \$185,100, however. Pay would be set according to the "complexity of the position held; an analysis of the local labor market for similar positions in private and other Federal sector organizations; and the individual executive's experience and performance in the position and/or in other VA assignments," it says. Performance would be evaluated on "outcome-oriented and business-related factors such as customer satisfaction, employee feedback, and organization deliverables."

Jason Briefel, acting president of the Senior Executives Association, said that although the VA's proposal has a mix of provisions, "the disciplinary component really is the central focus and the talk about pay really seems more like talk that won't be followed up on." He added, "We find it especially hard to believe that after years of pillorying the senior executives at the VA that Congress and the public will support increasing their pay." The proposal comes as the House and Senate committees overseeing the agency are working on VA personnel legislation with a goal of enacting it this year. That could include extending limits on appeal rights department-wide.

Rep. Jeff Miller (R-FL), chairman of the House Veterans Affairs Committee, said in a statement that "if VA's proposal to eliminate the MSPB from the department's senior executive disciplinary process has any chance of getting through Congress, it needs a much stronger focus on the task at hand: instilling accountability across VA, rather than increasing pay and benefits for the department's most senior employees." **"The Title 38 employee disciplinary process can take up to 700-plus days, so simply reclassifying Senior Executive Service employees as Title 38 employees isn't going to cut it.** Additionally, if we are even going to consider giving the department any flexibility regarding executive pay, it must be accompanied by strict safeguards to ensure this authority is used sparingly and only when absolutely necessary," he said.

The House passed a bill last year to shorten the appeals process for all VA employees, although not as severely as the 2014 law does for senior executives there; the White House threatened to veto that measure. Another bill, which passed the House committee level in January, would apply to senior executives government-wide the current limits on appeals for VA senior executives. [Source: The Washington Post | Eric Yoder | February 24, 2016 ++]

VA Medical Foster Homes Update

VA Working to Expand Program

Elderly Veterans and Veterans who require around the clock care have numerous options available to them through VA. Annually, thousands of Veterans turn to VA for care, whether it in a community residential care center, adult family home, community living center or a community nursing home partner. Most Veterans do not want to go in to an institution for their aging care, so VA has been working to expand its medical foster home program that allows caregivers to care for Veterans in their own home. It's a win-win situation for both VA and the Veterans that chose the option, as they are able to receive personalized care in a home setting and it is less expensive than institutionalized care.

"Veterans love this program because it gives them an opportunity to be a part of a loving family," said Beau Williams, the Medical Foster Home Program coordinator for the Tampa, Florida, VA Medical Center. Beau is charged with not only marketing the program and placing the Veterans in these loving homes, but also interviewing and approving the caregivers. "I look for caregivers with not only the qualifications required, but most importantly that they have a good heart," Williams said. Many caregivers are already medically trained and VA provides classes and specialized training such as spinal cord injury care for their live-in patients. VA then sends home-based care specialists to the Veterans on a weekly basis for any additional assistance they require.

Caregiver Tammy Norton moved to Florida to care for her father through the VA Medical Foster Home Program. She also took in two additional Veterans, Clayton and Nat. Her father recently passed away, but she continues to care for her "new family," as she put it. The Veterans use their VA benefits to pay Tammy for the home based care, which includes everything from meals to bathing, but it's so much more than that. The three go on outings together, attend church, even vacation together. They are a family. Depending on the level of care required, some Veterans do miss the opportunities to socialize with others outside of their home that they may receive in a nursing home. VA organizes regular foster care socials where all foster home Veterans and their caregivers are invited to spend time together. These 'Vet-togethers' are loved by not only the Veterans, but also the caregivers as it gives them a chance to learn from each other's experience.

Even though most of the Veterans in the foster home program are somewhat limited to their home, they are still involved with their community. The Tampa VAMC Voluntary Services team saw the benefit of bringing community partners and the foster home Veterans together and organized the event in conjunction with Make a Difference Day. This day is a national service day where volunteers look for opportunities to enrich the lives of others. "My father is

Veteran so this is very near and dear to my heart. It's amazing to see the love in those homes, so wonderful to give them a little bit a joy in their day," said Kathy Gilbert of the Hillsborough Bar Association who has participated in this event for three years.

While many volunteers spend days gathering and creating the gift bags and strive to fulfill the Veteran's wish lists, the most rewarding part are the home visits. The Veterans and foster care providers open their doors with wide eyes and giant smiles. They visit, laugh and enjoy the company of their new friends and visitors. "You'll find the Veterans greatly appreciate the support. I've heard them say that it is their home; it gives them an opportunity to be a part of a loving family," said Tampa's Beau Williams. "They are very happy with that." To learn more about the VA's Medical Foster Home Program visit go to http://www.va.gov/geriatrics/guide/longtermcare/medical_foster_homes.asp#.

[Source: VAntage Point Blog | Tim Hudak | February 11, 2016 ++]

VA Whistleblowers Update

Lawmakers Tell VA to Stop Harassment

Senate lawmakers on 16 FEB told Veterans Affairs Secretary Robert McDonald to cease his department's retaliation against a whistleblower at the VA Medical Center in Phoenix, Arizona, and to transfer him to a VA facility outside the Phoenix system. Sens. Chuck Grassley (R-IA) and Ron Johnson (R-WI) told McDonald that since whistleblower Brandon Coleman testified before Congress in December 2014 about problems at the Phoenix facility, he has been subjected to retaliation. "As founding members of the Senate Whistleblower Protection Caucus, we are committed to ensuring that federal whistleblowers are treated fairly and that whistleblower retaliation is not tolerated within the federal government," the two said in their Feb. 16 letter.

Grassley is chairman of the Senate Judiciary Committee and Johnson chairs the Senate Homeland Security and Government Affairs Committee. "VA is in possession of the members' letter and will respond directly to their office," department spokeswoman Walinda West said. In a statement, the VA said it is committed to creating a work environment in which all employees feel safe sharing what they know, whether good news or bad, for the benefit of veterans, without fear of reprisal. Coleman is a former Marine and an addictions specialist at the Phoenix facility, where he was suspended previously after informing higher-ups that VA officials and staff were putting suicidal veterans at risk through neglect and poor treatment. He was one of several whistleblowers invited to testify before Congress in September, when the group talked about the continued harassment that whistleblowers face even as the VA pledges to protect them.

In December 2014, Coleman filed a whistleblower complaint alleging the hospital was failing to properly care for suicidal veterans. A month later, the hospital's interim director, Glen Grippen, met with the VA's regional counsel to learn if they could "remove Coleman from employment," the senators tell McDonald in the letter. Coleman could not be fired for whistleblowing but could be removed for "unrelated conduct," the attorney advised, according to the letter. "Shortly after the meeting Mr. Coleman was accused of having an altercation with a colleague" and has been on administrative league since February 2015, Grassley and Johnson said. Coleman also reported this past November that a VA employee dressed up as him for a Halloween party at the Phoenix hospital, suggesting that the embarrassing treatment of him has been acceptable to senior officials.

Coleman wants a "simple, fair and equitable remedy," the senators told McDonald. "That remedy is not, as the Department seems to believe, to continue to force him to languish on extended administrative leave at significant unnecessary cost to the taxpayers with no ability, under current law, to challenge his leave status." He also wants those responsible for the actions taken against him to be held accountable, they said. The lawmakers also told McDonald they want the VA to brief their own staffs on what the department is doing about whistleblower retaliation. For that, they are requesting all correspondence relating to the investigations into the Halloween incident; to the Office of Accountability Review's inquiry into Grippen's alleged retaliation against Coleman; and to the decision to put Coleman on administrative leave back in February 2015. [Source: Military.com | Bryant Jordan | Feb 17, 2016 ++]

VA Crisis Hotline Update

IG Reports Staffing/Routing Problems

A VA suicide hotline movingly portrayed in an Oscar-winning documentary has allowed crisis calls to go into voicemail and has struggled with adequate staff training, according to an inspector general investigation. At least 23 veterans, troops or family members who called the Veterans Crisis Line in fiscal 2014 were transferred to a voicemail system and their calls never returned, according to a Veterans Affairs Department Inspector General report. Inspectors found problems occurred when calls were routed to backup crisis centers after staff at the Department of Veterans Affairs suicide hotline center in Canandaigua, N.Y., (800-273-8255) were taking all the calls they could handle. "We substantiated allegations that some calls routed to backup crisis centers were answered by voicemail, and callers did not always receive immediate assistance," said the VA Inspector General report made public late last week.

The VA, which has highlighted veteran suicides as a crucial area of concern, said that since the hotline was created in 2007, about 2 million calls have been answered and emergency efforts made to intervene and save lives in more than 53,000 cases. An HBO documentary highlighting the life-and-death drama of the VA suicide hotline efforts won an Oscar last year. The 2014 documentary on the VA crisis hotline, "Crisis Hotline: Veterans Press 1" won the Oscar for best documentary, short subject. The Inspector General report did not document how many calls are going to voicemail. But it said the number of calls going to backup crisis centers increased dramatically in recent years, from 36,261 in 2013 to 76,887 in 2014. About every sixth call goes to a backup center, the report said. Investigators found 20 calls going to voicemail at one backup crisis center in 2014 where staff were apparently unaware there was a voicemail system, the report said.

In response to the findings, the VA concurred with all recommendations for taking steps to ensure calls no longer go to voicemail and that staff training be improved. Steps to increase staffing at the Canandaigua center were announced by the VA almost a year ago, said Victoria Dillon, department spokesperson. A comprehensive training initiative is underway, and a quality assurance surveillance plan to monitor backup centers is being developed, she said. "Systems are being reviewed and action plans have been developed to resolve the issues and address the OIG (Officer of Inspector General) recommendations," she said, adding that all improvements will be in place by September.

When the Canandaigua staff are busy taking calls, new phone calls are routed to one of six call-receiving crisis centers that are part of the federal Substance Abuse and Mental Health Services Association. The Inspector General found that staffers at these centers may not have the same level of training as the VA workers in Canandaigua. Calls routed to the backup centers can be placed in a queue where they hear music for several minutes while they wait, the report said. The VA had no process for learning how long these people wait or how many of them finally hang up, the report said. [Source: USA TODAY | Gregg Zoroya | February 15, 2016++]

Vet Fertility Treatments Update

Why VA Cannot Provide

Midway through Matt Keil's second deployment in Iraq, he came home and married his fiancé, Tracy, in 2007. He had two weeks R&R; no time for a honeymoon. Before he went back to war the couple had the sort of conversation unique to newlyweds in the military. "I told her if you get a phone call that I'm injured, I'm probably fine," Matt says. "But if they come to the apartment or to your work in person, then I'm dead." Six weeks later the news came—a phone call, thankfully. Matt had been shot in the shoulder. It wasn't until Tracy got to Walter Reed Army Medical Center that she got the full story. The sniper's bullet had nicked Matt's spine. "The doctor came in and told me he was paralyzed from the neck down, and he said it was a 'Christopher Reeve'-type injury," says Tracy.

Questions overwhelmed them about the future, including whether they'd ever be able to have children. It seemed like something they could figure out later. "They were kinda telling us we're putting the cart before the horse," Matt recalls. "You guys got to get through a whole hell of a lot of rehab." Time was running out, though, and the Keils didn't realize it. To have children they'd need help: in vitro fertilization. But IVF is expensive, costing, on average, at least \$12,000 per cycle of treatment, according to the American Society for Reproductive Medicine.

The Pentagon's health-care system for active-duty troops covers IVF for wounded soldiers like Matt Keil. The Department of Veterans Affairs for veterans doesn't. By the time the Keils learned about the difference, it was too late. "We were just swallowing the fact that he was never going to go back to work," Tracy says. "But finding out that IVF wouldn't be covered because we agreed to retire out so quickly, that was hard, because nobody told me that." A law passed in 1992 made it illegal for the VA to pay for IVF, which some people oppose because embryos are often destroyed in the process. The only option for the Keils would have been to get the procedure done immediately after Matt's injury. They had missed the window. Matt was just starting to accept that with the limits of current science he might never walk again. But the limit on his ability to pay for IVF was put in his way by Congress. "This is a direct result of a combat injury," says Tracy. "Don't tell me that his service wasn't good enough for us to have a chance at a family. Because we've already lost so much. I just want to have a family with the man that I love and please don't make this any worse than it already has to be."

In the decades since Congress banned IVF for the VA, the procedure has become much more common. And about 1,400 troops came back from Iraq and Afghanistan with severe injuries to their reproductive organs. Thousands more have head injuries, paralysis or other conditions that make IVF their best option. Bills to change the law come up periodically, only to be blocked at the last minute, says Sen. Patty Murray (D-WA). "They don't come out and say that directly, but there continues to be a backroom concern about the practice of IVF," Murray says. Murray's bipartisan IVF bill nearly passed last summer. Sen. Thom Tillis (R-NC), who is staunchly against abortion rights, effectively blocked it. Tillis declined requests for comment, but said at the time that he opposed the bill because other problems at the VA need to be fixed first. The Congressional Budget Office estimates a change in VA policy to pay for fertility treatment could cost more than \$500 million over four years. Murray says vets should get the same options as active-duty troops. "It's really ridiculous that Congress would deny a widely used medical procedure to our veterans just because of their own ... beliefs," she says.

Rep. Jeff Miller, the Republican chairman of the House Committee on Veterans' Affairs, said he's working toward a compromise that "meets the needs of this special group of severely injured veterans while being sensitive to concerns surrounding IVF procedures." In the meantime, many fertility clinics across the country offer discounted rates for veterans who are paying out of their own pockets for IVF. For the Keils, who spent the year after Matt's injury figuring out how their new life could work, offers like that came too late. "We weren't at a good spot in our marriage at the time, and thought that if we're going to bring kids into this world they need to be brought into a healthy relationship," says Matt. "What if we didn't even end up staying together?" Tracy adds. They took a year to work it out, and then decided it was for sure—their marriage would survive. They also wanted a family. "We were ready, and it didn't matter what it was going to take," Tracy says. [Source: The Atlantic | Quil Lawrence | 2February 26, 2016 ++]

Vet Groups

Fighting Enrollment Decline

Their loyalty is as strong as their patriotism. As members of veterans organizations, those who have served in the armed forces can be seen at the funerals of fellow veterans where they quietly stand guard, waiting to perform a 30-second military rite. They travel to local schools on Veterans Day, and go cemetery-to-cemetery giving speeches to crowds on Memorial Day with paper poppies pinned to their shirts. The color guards often are seen at sporting events or marching proudly down the main streets of America during summer parades, carrying the flags of their state, their fraternal organization and their country. Many local VFW and American Legion halls are open for fish fry Fridays, and put on steak feeds once a month. The American Legion sponsors high school students to go to Badger Boys State, a week-long seminar about the workings of government. Veterans groups often are visible in the community as they work to raise funds not just for their own organizations, but for local food pantries, Veterans Administration hospitals and other local community services. But look closely at that color guard marching down the street or at the cemetery at the ready to perform military rites. Most, if not all, of its participants likely are at least 60 years old.

Declining Membership. Membership in the VFW and American Legion is decreasing as the highest population of veterans — those of World War II — passes away. The Veterans of Foreign Wars is the oldest of veterans fraternal groups, formed by soldiers of the Spanish American War in 1899, becoming known as the VFW in 1913. Membership in the VFW is open to those who have received a campaign medal for overseas service; have served 30 consecutive or 60 non-consecutive days in Korea; or have ever received hostile fire or imminent danger pay. VFW membership has

dropped with the losses among the aging WWII veteran population. As of 2014, the number of living WWII veterans in the U.S. dropped below 1 million, with death rates of about 430 a day, according to the U.S. Department of Veterans Affairs.

With VFW national membership at 1.3 million — down from its 1992 peak of 2.1 million — the average age among VFW members is 70. “We have 180 members and six or seven WWII guys left,” said Prairie du Sac Lachmund-Cramer VFW Post 7694 commander and Vietnam veteran Bart Mauch. “Our honor guard does military rites and we did 23 funerals last year. Since 1995, we’ve done 312 funeral military rites.” Most of the members of the Prairie du Sac VFW are Vietnam era vets. The post’s elderly veterans who pass away are not being replaced by younger servicemen and women. Vietnam veteran Tom Schuster lives in Madison, but belongs to the Sauk Prairie VFW because that’s his hometown. “It’s really hard to communicate with younger guys because they just don’t want anything to do with joining,” Schuster said.

Different Era. Schuster has been a VFW member for 10 years, a relatively short time compared to many members. He said that has more to do with coming home to a national attitude that showed no respect to Vietnam vets in the early 1970s. He said he felt the same attitude with VFW groups 40 years ago. “When I got out of the service, I went into Madison to join the VFW and they didn’t want us because we were Vietnam,” Schuster said. “They did not think Vietnam veterans fought a war.” The American Legion, which was created by an act of Congress in 1919 and spearheaded the original GI Bill for veterans returning from World War II in the 1940s, has seen its national membership decrease to 2.4 million, down from 2.7 million a decade ago and 3.1 million 20 years ago. Eligibility for the American Legion is less stringent than for VFW members. It’s open to all war-time veterans whether they served in combat or not.

Dale Oatman, state-wide commander for the American Legion based in Portage, also likened recruitment difficulties with younger members to the distancing and alienation Vietnam veterans felt in the 70s from the American public. “Forty years later Vietnam vets have started coming on board,” Oatman said. “They are the largest group out there right now. If that will happen with the new generation, I don’t know The Burton-Koppang American Legion Post in Mauston has the largest membership in Juneau County with 175 veterans. Post adjutant Jim Bittick said most members are in their 60s and 70s. “Our pool of prospective members is shrinking,” Bittick said. “You have to be a vet when America was at war. That number is shrinking. Less than one percent of the population goes into the military now.” Bittick pointed out that most fraternal organizations such as the Lions Club, Kiwanis and other groups struggle to attract younger members. “People in their 40s and younger don’t seem to be interested,” he said.

Gary Thompson, vice commander of the Harold Larkin Memorial American Legion in Wisconsin Dells and a Vietnam veteran, said the post has few young members. “We can’t figure out why. We’re just not getting them,” he said. “A lot of it is job related for them, or they don’t want to get involved in military politics.” The same is true at the Baraboo American Legion. “It’s like going to the geriatric ward at our meetings,” said Baraboo Legion public information officer Tom Gaukel. “There’s usually about 30 people there, and of the 30, there may be two that are less than 65 or 70 years old.”

Smaller Military. A primary reason for dwindling membership in veterans organizations is the military employs fewer people than in the past. According to figures obtained from the U.S. Department of Defense, in December 2015 there were 1.3 million active military personnel in the Army, Navy, Air Force and Marine Corps combined, compared to more than 16 million during WWII and 8.7 million during the Vietnam War. “Weapons technology means fewer need for the military personnel,” Oatman said. “It doesn’t take as much support to operate an air craft. The Stealth aircraft has fewer on its crew. Drones are not manned. Some satellites are controlled from within the U.S.” The ability of veterans’ groups to recruit also was hampered by the Patriot Act, enacted by Congress in 2001 after the attacks on 9/11. The Act ended the Department of Veterans Affairs’ practice of publishing lists of returning veterans. Oatman said recruiting new members has been “a tough nut to crack.” The age of members has made the organizations slow to keep up with advancing technology frequently used by younger generations. Some local commanders admit it’s only been in the last three or four years that their post has created a website or a Facebook page, if they have one at all.

Reedsburg Thurber-Greenwood VFW member and Vietnam veteran Art Krolkowski said his post has tried recruitment activities such as hosting Packers Days or family events to attract the younger servicemen and women. “What happens is they come, but don’t come back,” Krolkowski said. “They’re busier than heck. Their kids may be in sports and both people in the household are working. We find a lot of them aren’t coming back until they’ve been out of the service

15 years or so.” “National American Legion has come up with a new marketing commission, in part, so they can address membership,” Oatman said. “We’d certainly like to get more veterans on board.” Oatman said younger veterans should consider the work that American Legion members do around the state for veterans. He said their efforts include addressing economic and health issues while working to improve benefits and quality of life.

On 4 FEB, Wisconsin American Legion state leaders testified before a State Assembly committee about proposed legislation that would eliminate the requirement that each of the state’s 72 counties maintain a veterans service officer to assist veterans with their VA benefits. “We’d like younger veterans to see what’s going on and get on board with the American Legion because we’re fighting for our cause,” Oatman said. American Legion State Adjutant David Kurtz said advocacy work is a big reason younger veterans should participate in their local American Legion or VFW. “The things we’re engaged in at state capitol for legislative issues effect the delivery of services,” Kurtz said. “We are protecting and defending the benefits veterans have earned. “We’re representing their best interests every day.”

Kurtz said the organization would like to get younger veterans involved in Camp American Legion near Rhinelander. The camp is a free rehabilitation camp offered to any discharged veteran with a physical or psychological illness, injury or disability, or active duty military person who has returned home within the last nine months and any survivor family members who have lost a service member in the last year. “We have veterans and their spouses and children who come to the camp needing a degree of reintegration for someone gone for six months or a year so they can reestablish relationships,” Kurtz said. “We have entire family support groups and peer counseling for post-traumatic stress issues that’s not a clinical setting, but has trained peer counselors.”

Other Responsibilities. At 43 years old, Nick Westley is among the youngest members of Mauston’s American Legion. He served in the U.S. Navy on a fast tech submarine at Pearl Harbor as a nuclear machinist. He is a bartender at the post on the weekends, the post’s finance officer and manages the bar and liquor purchases. But this year he’s stepping down from those positions to start his own insurance business, and is a single dad of two teenage daughters. “It’s one thing if you’re retired,” Westley said. “My generation tends to say, ‘I don’t have that luxury.’ I take kids to school and work full time and then try to fulfill my civic obligations.” He said he enjoys his time with older vets at the Legion, but said there is a different perspective among today’s soldiers. “We didn’t all join the military for patriotic or noble causes,” Westley said. “Some of the people in today’s modern military join for school benefits. Some say, ‘I’m looking at college and it’s not a fit for me. I think I’ll join the service then go to school.’ Some make the military a career.” Westley has no problem telling younger folks the benefits of joining up, if for no other reason than connecting with other servicemen to share experiences and friendship. “The newer generations tend to say, ‘What’s in it for me?’” Westley said. “So you have to put your sales hat on.” Westley said the benefits can be as basic as camaraderie or as important as an opportunity for business networking.

Family Focus. Jason Lane is 42 years old and is the service officer for the Baraboo American Legion. He said the void in younger membership is something he has been “keenly aware of,” and said it reflects changes in modern society. “The family cultural dynamic has changed in the last 30 years,” Lane said. “The men from the WWII era got involved in a Legion right away and stayed members until they passed away. People my age are more family-centric and seem to have so much more to do.” But he said even with a large age differential there’s still a payoff. “It’s about socializing and connecting with people who may have gone through some of the same traumatic issues in a different time period, and who you have something in common with,” Lane said. Lane, who helped develop the Baraboo Legion’s website and social media presence, also said it’s important for the organizations to accept change. “Just breaking through the ‘we’ve done it this way for years, so let’s just keep doing it that way’ idea,” Lane said. “Guys may be timid to reach out to families because they’ve always done things the same way. Start focusing more on the family dynamic instead of the just the veteran.”

Kevin Krohn of Prairie du Sac is a member of the Prairie du Sac VFW. He recently was promoted to store manager at Ace Hardware in Sauk City. He’s a 47-year-old father of three kids who are heavily involved in sports at school. Since his new promotion he has to work more evenings and said he misses the meetings at the VFW hall. “It’s the camaraderie,” Krohn said. “We have a substantial amount of that in the service. That’s kind of the way those guys are. They are fun guys to be around. I’d go down there when they were playing cribbage, and I’m not of the cribbage age, but I had fun. If I knew the answer of how to get the younger guys involved, I’d do it. I think it’s just a matter of time. We have to wait.” [Source: Sauk Prairie Eagle | Kim Lamoreaux | February 16, 2016 ++]

Desert Storm Memorial Update

Honorary Chairman George Bush

With 2016 marking the 25th anniversary of the first Gulf War conflict, the campaign for a national memorial is charging forward. The board of directors of the National Desert Storm War Memorial (NDSWM) Association has gained an honorary chairman: President George H.W. Bush, commander in chief during Desert Shield and Desert Storm. Association head Scott Stump commented in a press release, "I can think of no more dogged advocate for our Desert Storm veterans than President Bush. His leadership will surely guide us to mission success." NDSWM has set a goal of raising \$25 million toward construction of the memorial in this 25th anniversary year; the current estimated budget is \$40 million, with a planned completion date of 2018.

The next step toward completion was taken 2 JAN, when the National Capital Memorial Advisory Commission - which oversees commemorative works in the District of Columbia and its environs - delivered a recommendation for the Desert Storm memorial to be located in Area I in Washington, D.C., close to existing national war memorials, the Mall and White House, and more. According to the U.S. Code, Area I is only approved if "the subject of the commemorative work is of pre-eminent historical and lasting significance to the United States." The American Legion passed a resolution supporting the memorial at the 95th National Convention in Houston. Keep up with the latest news at the NDSWM website <http://www.nationaldesertstormwarmemorial.org>. [Source: American Legion | February 4, 2016 ++]

VA Appointments Update

Faster Care for Vets Act | H.R.4352

At <https://www.youtube.com/watch?v=B7KGCu4saU4> is a self-recorded video which exemplifies many veteran's frustration in trying to communicate via phone with their VA Medical Center. In this video Dennis Magnasco, a veteran and a member of Congresswoman Cathy McMorris Rodgers (WA-05) staff, attempts to schedule his doctor's appointment with the New Bedford VAMC. After numerous attempts to follow the directions of the VA's phone system he is trapped in an endless loop and gives up in frustration after five minutes of repeated recordings in this video and two days of attempts. The VA alleges the problem was corrected but it is a persistent one throughout the VA's current system.

Congresswoman Rodgers along with Congressman Seth Moulton (D-MA) on 22 FEB introduced H.R. 4352, the Faster Care for Veterans Act, a bill that requires the U.S. Department of Veterans Affairs (VA) to commence a pilot program which incorporates commercially available self-scheduling technologies at VA medical facilities. "Our veterans should have the same options that people have in doctors' offices across the country," McMorris Rodgers said. "After hearing from a number of veterans in Eastern Washington, it's clear that current systems at the VA are so archaic and cumbersome, the agency is unable to follow through on its responsibility to provide the care our veterans have earned. We must try something different. With this bill, we are demonstrating to the VA that innovative technology – already available to millions of patients – can work for them to get our veterans the care they've earned in a timely manner, cut back on red tape, and stay within budget. I appreciate Rep. Moulton's support on this important legislation, and I look forward to working with my colleagues in the People's House to see it through."

The Faster Care for Veterans Act is a direct response to news that broke nearly two years ago exposing unacceptable wait times, poor treatment, and failed customer service at VA facilities across the country. Instead of wait times coming down, in 2015 the number of veterans waiting 30 days or more for medical care increased by 50 percent. Additionally, a 2008 internal audit by the Inspector General of the Department of Veterans Affairs estimated that 18 percent of outpatient appointment slots went unfilled due to patient "no-shows" or because facility personnel did not refill the cancelled appointments. While the VA has adopted a scheduling program that attempts to address this issue, the VA's system is too expensive, will take too long to implement, and does not guarantee a self-scheduling component.

Upon enactment of the Faster Care for Veterans Act, the VA will be required to commence an 18-month pilot program that allows veterans to access an on-line self-scheduling technology – currently available in the private sector –

to schedule and confirm medical appointments at VA medical facilities. [Source: ABC News | Elizabeth McLaughlin | February 22, 2016 ++]

Veterans Health Library

One-Stop Source for Health Information

Since 2013, the Veterans Health Library at www.veteranshealthlibrary.org has been offering Veterans, family members, and caregivers 24/7 access to comprehensive, Veteran-focused health information. The online Library is a one-stop source for health information to help Veterans stay healthy and well-informed. There are over 1,500 health sheets; more than 150 videos; Go-to-Guides with audio, video and interactive quizzes; and Flipbooks that have been approved by VA experts, and include topics specific to Veterans, such as posttraumatic stress disorder (PTSD), combat-related Traumatic Brain Injury, Agent Orange, and Cold Injury. All health information is available in English and Spanish to Veterans, their family and the public, no matter where the Veteran receives care. Today, the Veterans Health Library has a fresh, new look and feel that improves the users' experience to make it more responsive to your needs. Come on in...browse around...and see for yourself. Stay Healthy! [Source: Miami VA Healthcare System News Article | February 16, 2016 ++]